EXHIBIT Y

KI K.								
DATE OF VISIT	AGE	DOCTOR NAME	WEIGHT	WT %	HEIGHT	HT%	ВМІ	вмі%
9/27/12	Birth	Banner	5.47 lb (2.48 kg)					
3/5/15	2.5	Dr. Jafri	28.4 lb	35th	34 in	14th	17,18	
4/1/15	2.6	Dr. Jafri	27 lb		34 in	14th	16.42	
9/29/15	3	Dr. Jafri	30.6 lb	36th	35.5 in	10th	16.94	
12/18/15	3.2	Dr. Jafri	32 lb					
4/4/16	3.6	Dr. Jafri	30.8 lb	40th	36.5 in		16.09	
5/10/17	4.8	Dr. Jensen	33.2 lb		37.8 in		16.3	37.4
1/8/18	5.3	Dr. Jensen	37.4 lb (16.96 kg)		39.1 in		17.2	54.2
9/19/18	5.11	Dr. Jafri	38.6 lb	25th	40.5 in	0,88th	16.45	
10/8/18	6	PCH	38.14 lb (17.3 kg)	25th				
10/18/18	6	Dr. Jensen						
11/2/18	6.1	PCH	83.8 lb (38 kg)					
11/8/18	6.1	PCH	83.8 lb (38 kg)					
12/5/18	6.2	Dr. Jensen						
12/19/18	6.2	Banner	40.12 lb (18.2 kg)	25th	96.5 cm		19.31	
12/20/18	6.2	Banner	37.04 lb (16.8 kg)					
12/20/18	6.2	Banner	39.64 lb (17.98 kg)					
12/24/18	6.2	Banner	39.02 (17.7 kg)		96.5 cm		19.31	
12/26/18	6.2	Banner	35.71 lb (16.2 kg)					
12/27/18	6.3	Banner	38.80 lb (17.6 kg)					
12/28/18	6.3	Banner	38,80 lb (17.6 kg)					
12/30/18	6.3	Banner	38.80 lb (17.6 kg)					
12/31/18	6.3	Banner	39.90 lb (18.1 kg)					
1/2/19	6.3	Banner	40.98 lb (18.59 kg)		96.5 cm			
1/3/19	6.3	Banner	41.07 lb (18.63 kg)					
1/5/19	6.3		41.14 lb (18.66 kg)					
1/7/19	6.3	Banner	39.68 (18.0 kg)					
10/26/22	10	Dr. Jensen	72.6 lb	55th	53 in		18.2	69.2

Mistake in PCH records?

Mistake in PCH records?



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Page 4 of 64

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Did within 30 days ago

listhorae Prant

Figure to better with a paperative care, set on precise four and fines to live sep by PCP. Discussed plan with tamily and indicate agreement and understanding.

progress note

Patient: K Account Number: 92065

DOB: Age: 2Y 6M Sex: Male

Phone: 310-869-0694

Address: 1718 S Longmore No. 95, Mesa, AZ-85202

Provider: Tracey Turas, PNP

Page 10 of 64

Date: 04/01/2015

Subjective:

Chief Complaints:

1. Diarrhea x 4 days, here w/mom...tr.

HPI:

Gastroenterology:

Patient here with mom for c/o diarrhea X4 days, that have progressively gotten worse, he seems to happen after he eats, brown liquid, he has gone 7 times in the last 14 hrs, normal appetite, activity and sleep, denies fever or vomiting, no blood or mucous to his stool, norma urination, his twin brother is sick with the same illness that started first and is doing better now.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Medications: None Allergies: N.K.D.A.

Objective:

Vitals: Ht 34 in, Wt 27 lb 0 oz, Temp 98.1t, BP 70/40, BMI 16.42.

Examination:

Gastroenterology:

General Appearance: pleasant, alert. Sclera: anicteric. Oral Cavity: normal. Heart: regular, normal S1 S2, no murmurs. Lungs: clear, no crackles or wheezes. Abdomen: soft, BS present, no quarding or rigidity, no masses felt.

Brief Normal Exam:

General appearance: NAD, well nourished and hydrated. HEENT: TMs pearly bilaterally, pharynx and tonsils normal. Oral cavity: no lesions. Neck: supple, no lymphadenopathy. Chest: normal shape and expansion, clear to auscultation. Heart: regular rate and rhythm, no murmurs. Lungs: clear to auscultation. Abdomen: soft, NT/ND, BS present. Skin: normal.

Assessment:

Assessment:

1. Diarrhea - 787.91 (Primary)

Plan:

1. Diarrhea

Notes: Discuss BRAT diet, no juice, lactose free diet until diarrhea resolves. RTO if not improving within a week.

Follow Up: prn

Provider: Tracey Turas, PNP

Patient: Ka DOB: 09/ 2012 Date: 04/01/2015

Electronically signed by Isabel Cervantes on 05/02/2016 at 10:17 AM MST

Sign off status: Completed

Provider: Asma Jafri, MD Patient: K

Progress Notes

Patient: K Account Number: 92065

DOB: 09/1,2012 Age: 3Y Sex: Male

Phone:

Address: 1/18 S Longmore No. 95, Mesa, AZ-85202

Provider: Asma Jafri, MD

Date: 09/29/2015

Subjective:

Chief Complaints:

1. 3yr wcc, here w/parents...tr.

Well Baby/Toddler Visit:

Nutrition good appetite, picky eater, his allergic to most of the foods per parents, he is on gluten free diet. eating fruits and vegetables, eating meats, other proteins. Sleep normal for age. elimination stooling and voiding normally, potty trained. Immunization Reactions no problems with previous immunizations. Child Care at home with family. Social Development plays cooperatively. Language sings a song, speech intelligible, knows first and last name. Gross Motor Development rides tricycle. Fine Motor draws a person, Growth-development Hops on one foot, dresses self. Cognitive Development knows first and last name. Health no recent illness. Household Hazards reviewed. Sibling Relations no issues. Car Seat forward facing, uses all the time. Hearing normal.

ADD/ADHD/Behavioral problems:

He is getting habilitation and OT.

ROS:

General:

sleep normal, normal, appetite normal, normal. nutrition Good eater. elimination normal, normal.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Social History: Parents: married. no Day Care. no Guns in Home. no Family Smoking. no Pets at Home.

Medications: None Allergies: N.K.D.A.

Objective:

Vitals: Ht 35.5 in, Ht %ile 10%, Wt 30 lb 6 oz, Wt %ile 36%, Temp 98.7t, BP 78/30, BMI 16.94.

Examination:

Preschool:

General Appearance: alert, well hydrated, no acute distress. Head: atraumatic. Eyes: red reflex present, PERRLA, EOMI, sclera clear. Ears: canals normal, TM's gray with good movement. Nose: moist membranes, , clear rhinorrhea. Mouth/Throat: moist mucous membrances, tonsils without erythema or exudate. Neck: supple, FROM, no cervical adenopathy. Heart: regular rate and rhythm, no murmurs. Lungs: clear to auscultation. Abdomen: soft, nontender, bowel sounds present, no masses, no organomegaly. Genitalia: normal external genitalia. Extremities/Back: upper extremities normal, lower extremities normal. Skin: no rashes. Neuro: cranial nerves II-XII grossly intact, strength and sensory exam within normal limits, normal gait.

Assessment:

Assessment:

1. *Well infant/child exam - V20.2 (Primary)

Plan:

1. *Well infant/child exam

Account Number: 92065

DOB: 09, 2012 Age: 2Y 5M Sex: Male Date: 03/05/2015

Phone: Address

Subjective:

Chief Complaints:

1. NP 2yr wcc + Autism, here w/ parents....MN.

HPI:

Well Baby/Toddler Visit:

Nutrition Gluten free, dye free and dairy free. But eats meats, fruits and vegetables. Sleep no concerns voiced, napping 1-2 times per day, all night, own bed. elimination starting to potty train, stooling and voiding normally. Immunization Reactions none. Child Care at home with family. Lead Risk no obvious risk factors. Social Development parallel play. Language 2 words sentences, follows 2 step commands, listens to stories being read. Gross Motor Development walks up/down steps. Fine Motor removes shoes, pants, imitates stroke with pencil, . Growth-development removes some clothes, follows commands. Cognitive Development listens to stories. Health no recent illness, discussed immunizations. Household Hazards discussed poisionings and ingestions, reviewed calling poison control center, keep medications and cleaning supplies out of reach, reviewed hazards in kitchen, discussed keeping water heater at 120 degrees. Sibling Relations reviewed, sibling(s) coping well. Supplement multivitamin. Car Seat uses all the time, forward facing. Hearing normal.

was seen by Dev/behavioral peds and was dx with Autism spectrum d/o. Dx was made June 2014. He is getting habilitation, OT and ST, showing uch improvement.

ROS:

General:

sleep normal. appetite normal. elimination normal.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Family History: Non-Contributory

Social History: Parents: married. no Day Care. no Guns in Home. no Family Smoking. no Pets at Home.

Medications: None Allergies: N.K.D.A.

Objective:

Vitals: Ht 34 in, Ht %ile 14%, Wt 28 lb 4 oz, Wt %ile 35%, HC 18.5, Temp 98.8 F, BMI 17.18.

Examination:

General Pediatric Exam:

General appearance: well nourished, no obvious distress, alert, active, well hydrated. Skin: normal, moist, warm. Head: normocephalic. Eyes: red reflex present bilaterally, PERRL, no eye discharge. Ears: TM's normal bilaterally. Nose: nares patent and clear, mucosa normal. Oral cavity/Throat: moist mucus membranes, tonsils normal. Neck: supple, no lymphadenopathy. Chest: symmetric. Heart: RSR, no murmurs. Lungs: clear, equal breath sounds bilaterally. Abdomen: soft, nontender, no masses, normal bowel sounds, no organomegaly. Genitalia: normal external genitalia. Extremities/back: no cyanosis, clubbing, or edema. Neurologic exam: normal tone and motor development, normal sensory system and reflexes, normal cranial nerves II-XII.

Assessment:

Assessment:

- 1. Well baby/ child exam V20.2 (Primary)
- 2. Autistic disorder NOS 299.00

Plan:

1. Well baby/ child exam

Notes: age appropriate anticipatory guidance provided.

2. Autistic disorder NOS

Notes: Will continue current therapy, he is doing very well on the therapies, parents are happy with the progress.

Preventive:

Infant: Discussed growth . Discussed development . Immunization risks and benefits need for Hep A vaccine, handout given. Lead risk assessed . Vitamins/Nutrition . Dental/tooth brushing . Potty training .

Terrible two's,

Follow Up: well child in 1 year, flu shot in the winter

Provider: Asma Jafri, MD

Patient: Ka DOB: 09/ /2012 Date: 03/05/2015

Electronically signed by Isabel Cervantes on 05/12/2015 at 12:19 PM MST Sign off status: Completed

Notes: age appropriate anticipatory guidance provided.

Preventive:

Child: Growth discussed . Development discussed . Nutrition/Vitamins . Dental care . School readiness . Reading . Seat belt carseat. Gun safety . Immunization risk and benefit Discussed need for Measles, Mumps, Rubella, Varicella, Diphtheria, Tetanus, Acellular Pertusis, and Polio vaccines. Risks discussed. Handout given.. Lead risk assessed .

Follow Up: 1 Year for next physical, flu shot in the winter

Provider: Asma Jafri, MD

Patient: Kebrosses K DOB: 09/ 2012 Date: 09/29/2015

Electronically signed by Isabel Cervantes on 05/02/2016 at 10:35 AM MST

Sign off status: Completed

progress note

Patient: K Account Number: 92065

DOB: 09/ 2012 Age: 3Y 2M Sex: Male

Phone: Address Provider: Asma Jafri, MD

Date: 12/18/2015

Subjective:

Chief Complaints:

1. C/o sore throat, lo grade fever,r/o tonsilitis, here w/mom...tr.

HPI:

Since Monday K has been complaining of sore throat. He was seen by Osteopathic doctor yesterday who told mom that he has tonsillitis. He has low grade fever and been warm to touch.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Social History: Parents: married. no Day Care. no Guns in Home. no Family Smoking. no Pets at Home.

Medications: None Allergies: N.K.D.A.

Objective:

Vitals: Wt 32 lb 0 oz, Temp 98.4t, BP 82/32.

Examination:

ENT/Respiratory:

General appearance: pleasant, NAD, well nourished and hydrated, cooperative. bilaterally, tympanic membranes with good light reflex and gray color. Nose: normal, no lesions. Oral Cavity: mild erythema post pharynx, tonsils not enlarged. Neck: no cervical lymphadenopathy. Heart: regular rate and rhythm, normal S1, S2. No murmur. Lungs: clear to auscultation bilaterally. Abdomen: soft, nondistended, nontender, BS present, no masses felt, no hepatosplenomegaly.

Assessment:

Assessment:

- 1. Acute tonsillitis due to other specified organisms J03.80 (Primary)
- 2. Fever, unspecified R50.9

Plan:

Acute tonsillitis due to other specified organisms

LAB: CULTURE, GROUP A STREP

Notes: Rapid Strep done in the office and that came back negative. Will continue with supportive care until TC is back. D/W mom regarding fluids, rest, supportive measures for fever/symptom relief.

2. Fever, unspecified

Notes: Give Tylenol or Motrin on prn basis.

Labs:

Lab: Rapid Strep

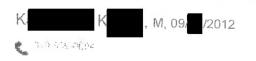
Procedure Codes: 87880 *RAPID STREP TEST

Follow Up: prn

Provider: Asma Jafri, MD

K DOB: 09/ 2012 Date: 12/18/2015

Electronically signed by Isabel Cervantes on 05/02/2016 at 10:50 AM MST Sign off status: Completed



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FINAL RESULT

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Culture, Group A Strep

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Status:

Final

Source:

Throat

Culture:

Negative

Name on the specimen and/or requisition is unclear.

PERFORMING LAB: PAZ, Sonora Quest Laboratories, 1255 W Washington St. Lempe, AZ, 85281

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progress note

Patient: K Account Number: 92

DOB: 09/ 2012 Age: 3Y 6M Sex: Male

Provider: Asma Jafri, MD

Date: 04/04/2016

Phone: Address

Subjective:

Chief Complaints:

Flu symtoms, legs tingling, heel pain & swelling.. here w/ mom.. kb.

ENT/respiratory:

was fine until Friday. He was down with some flu like symptoms similar to what parent had last week. Saturday he woke up and was complaining of left heel pain. He was favoring that leg and getting worse towards the end of day he was seen at the Cardons ER that day. He was fne on ED physician's exam. He later started complaining that both his heels are hurting specially on walking. There was no trauma and injury. Mom did not see any redness or swelling of any joints. He has a cough and runny nose last week. He had some low grade fever last fever was 2-3 days ago.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Social History: Parents: married. no Day Care. no Guns in Home. no Family Smoking. no Pets at Home.

Medications: None Allergies: N.K.D.A.

Objective:

Vitals: Ht 36.5 in, Wt 30 lb 8 oz, Temp 98.5t, BP 78/52, BMI 16.09.

Examination:

ENT/Respiratory:

General appearance: pleasant, NAD, well nourished and hydrated, cooperative. bilaterally, tympanic membranes with good light reflex and gray color. Nose: normal, no lesions. Oral Cavity: no erythema no exudate seen on pharynx. Neck: no cervical lymphadenopathy. Heart: regular rate and rhythm, normal S1, S2. No murmur. Lungs: clear to auscultation bilaterally. Abdomen: soft, nondistended, nontender, BS present, no masses felt, no hepatosplenomegaly. Skin: clear without rashes. Extremities: no edema, no abnormality, normal aait.

Assessment:

Assessment:

- 1. Pain, unspecified R52 (Primary)
- 2. Acute nasopharyngitis [common cold] J00

Plan:

1. Pain, unspecified

Notes: Not sure what triggered the pain it seems like he is doing better and that pain has resolved. It could viral induced arthralgia or could be transient synovitis. Will wait on any imaging or labs since mom thinks that he is doing much better now. Advised mom to follow up in case his symptoms are worsening. There is no history of Strep throat and the patient is not complaining of sore throat.

2. Acute nasopharyngitis [common cold]

Notes: Cool mist humidifier, Saline nose drops and suction as needed, elevate head of bed if possible. Recheck here if any breathing difficulty or fever that lasts more than 72 hours.

Follow Up: prn

Provider: Asma Jafri, MD

Patient: F 2012 **Date:** 04/04/2016 DOB: 09/

Electronically signed by Debra Bartine FNP, NP on 11/23/2016 at 02:13 PM MST

Sign off status: Completed

Case 2:22-cv-00375-SRB Document 232-25 Filed 02/26/25 Page 20 of 64

rediatrician Asma Jafri

Progress Notes

Patient: H Account Number: 92065

DOB: 09 012 Age: 57 11M Phone: Address

Provider: Jessica L. Ruiz FNPC

Date: 09/19/2018

Subjective:

Chief Complaints:

1. 5yr wcc/ref to Opthalmology here with Mom ... MR.

Well Baby/Toddler Visit:

Nutrition good appetite, usually well-balanced, drinking 2% milk- 2-3 cups/day, eating fruits and vegetables, eating meats, other proteins. Sleep normal for age, does wake up throughout the night, is a light sleeper. elimination stooling and voiding normally. Immunization Reactions none. Child Care Is in kindergarten. Self contained room.. Social Development plays make believe and dressup. Language recognizes many letters of the alphabet, prints some letters. Gross Motor Development skips, ties shoes, climbs ladder, PT/OT at home.. Fine Motor draws a 4 part person, prints name, copies triangle or square. Cognitive Development knows full name, address and telephone number; can count on fingers. Health no recent illness. Household Hazards discussed poisionings and ingestions, reviewed calling poison control center, keep medications and cleaning supplies out of reach. Sibling Relations no issues. Car Seat forward facing, uses all the time, change to booster seat at 5 yrs and 50#. Hearing normal. Ophthalmology:

Needs referral to ophthalmology for eye check. Did see Arizona Pediatric Eye Specialists in the past.

ROS:

General:

sleep normal. appetite normal. energy level normal. nutrition Good eater. elimination normal.

Medical History:

Social History: Parents: married. no Day Care. no Guns in Home no Family Smoking, no Pets at Home.

Objective:

Vitals: Ht 40.5 in, Ht %ile 0.88%, Wt 38 lb 6 oz, Wt %ile 10%, Temp 98.3t, BP 80/48, BMI 16.45, HR 120.

General Pediatric Exam:

General appearance: well nourished, alert, active. Skin: normal, no rashes, dry, warm, wellperfused without rashes. Head: normocephalic. Eyes: red reflex +, PERLA, fundi normal. Ears: bilateral TM normal color, canals normal. Nose: nares patent and clear, mucosa normal. Oral cavity/Throat: moist mucus membranes, no lesions. Neck: supple, no lymphadenopathy. Heart: RSR, normal S1S2, no murmurs. Lungs: clear, equal breath sounds bilaterally. Abdomen: soft, nontender, no masses, normal bowel sounds. Genitalia: normal external genitalia, normal uncircumcised male with testes down and normal, foreskin fully retractable. Extremities/back: good range of motion, no scoliosis. Neurologic exam: normal tone and motor development, normal sensory system and reflexes.

Assessment:

Assessment:

- 1. Encounter for routine child health examination without abnormal findings Z00.129 (Primary)

Plan:

Unspecified disorder of refraction

Notes: Will refer back to ophthalmology for eye exam and check up. Referral To:Ophthalmology

Reason: Saw AZ Pediatric Eye Specialists in the past.

2. Others

Notes: age appropriate anticipatory guidance given.

Preventive:

Child: Growth discussed . Development discussed . Nutrition/Vitamins . Dental care . School readiness . Exercise . Chores/rules . Lead risk assessed .

Follow Up: well child in 1 yr, flu shot in the winter

Provider: Jessica L. Ruiz FNPC

Patient: k DGB: 09/ /2012 Date: 09/19/2018

Electronically signed by Isabel Cervantes MA on 01/25/2019 at 12:05 PM MST

Case 2:22-cv-00375-SRB Document 232-25 Filed 02/26/25 Page 23 of 64

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7271470/27075501 11/02/2015 10:58 /

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Case 2:22-cv-00375-SRB Document 232-25 Filed 02/26/25 Page 29 of 64

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Scott M. Jensen M.D. Inc. 6682 Lower Ridge Dr Lakeside, AZ 859295064 Phone: 928-224-4270 Fax: 928-212-9017

May 17, 2023

Available Demographic Information

PATIENT (DOB: 9/27/2012, M)

ID: 23532 ID: EMAIL 10/18

OTHER

Referred To: Advanced Neurologic Rehabilitation (PHYSICALTHERAPY) ID: 15339

Referred To: Barrow Neurology Clinics (neurology) ID: 312 Referred To: PCHNEUROLOGY (NEUROLOGY) ID: 15322

Referred To: PCH Developmental Pediatrics/adhd CLINIC (Developmental Pediatrics) ID: 6023 Comment:

3/6/19 FAXED REF TO DR. FRYE AT PCH DEV PEDS MR

Email: tempeacujess@gmail.com

School Name: NA Race: White

Ethnicity: Not Hispanic or Latino Language Preference: English

INSURANCE INFORMATION

MERCY CARE / MERCY CARE (Primary) ID #: A90100127

Group #: A90100127 Usual Copay: 0.00

Notes: 3/21/23 Ins active. Dr J PCP. JB

Printed By: Josie Brooksby, ADMIN ASST 5/17/2023 12:27:56 PM

Amazing Charts

Page 1 of 1

Scott M. Jensen M.D. Inc. 6682 Lower Ridge Dr Lakeside, AZ 859295064 Phone: 928-224-4270 Fax: 928-212-9017

May 17, 2023

FORMAL HEALTH RECORD

ENCOUN	TER	Wednesday, March 22, 2023 11:15AM
CC:	Follow up mold test	
HPI	Went to urgent care had had clear CXR after - cough - oxygen was in charcoal and it rained a lot there - binders seemed to reli - pt teeth grinding/nightmares improved	seemed to improve with charcoal binder - eve symptoms - no steroids/antibiotics yet
ROS	Soaks pull-up qhs	
PFSH	Autism - mold induced (cardiotoxicity, neuropathy) - overpronati Twin-brother: speech therapy / speech delay Dad: HT	on / toe walking (2023) - SAR - anxiety
	Lives with mom (acupuncturist), twin-brother	
	[Tobacco: Never smoker]	
All	No Known Allergies	
Meds	 cholestyramine 4 g/5 g oral powder for reconstitution, Take 1/ fsp 	16 th tsp once daily - each 4 gm scoop is
	2) pyridoxine 100 mg oral tablet, Take 1 tablet by mouth 2 times	a Day
5-	Zinc Picolinate Powder, in smarty pants gummies	
PF	Sat: 95	
	Email with mom / texting / call today google voice 7:37	
AP	# Allergy to mold (Z91.048): albuterol helping a little but helped # Hypoxia (R09.02): oxygen	most by charcoal
	Folllow Dr Nic Peters in am99213 95	

Scott Jensen, MD Electronic Signature

ENCOUN	TER Thursday, March 16, 2023 1:55PM
CC:	Follow up mold test
HPI	Mild positive mold test on urine - Zn 92 - Cu 173 - Cp 38 - F Cu 59 - D3 46 - mom reports high copper in cookware - changing cookware
ROS	Soaks pull-up qhs
PFSH	Autism - mold induced (cardiotoxicity , neuropathy) - overpronation / toe walking (2023) - SAR - anxiety Twin-brother: speech therapy / speech delay Dad: HT
	Lives with mom, dad, twin-brother
	[Tobacco: Never smoker]
ΑII	No Known Allergies

1) pyridoxine 100 mg oral tablet, Take 1 tablet by mouth 2 times a Day

2) Zinc Picolinate Powder, in smarty pants gummies

AmazingCharts.com

Meds

INST

Page 1 of 10

PΕ

Email with mom

AP # AI

Allergy to mold (Z91.048): very sick from mold in past and still has some mold left in urine

Blood copper abnormal (R79.0):

PRESCRIBE: cholestyramine 4 g/5 g oral powder for reconstitution, Take 1/16 th tsp once daily - each 4 gm scoop is 1.75 tsp, # 30, RF: 0. (Transmitted by Scott Jensen, MD) Sent to Red Mountain Compounding Pharmacy [6828 E. BROWN RD #101] - I don't CVS will do it but we could try it. This is the regular script powder that doesn't require compounding.

CHANGED Current Meds: pyridoxine 100 mg oral tablet twice daily (or once day if that is easier)

Agree with no copper in cookware

Keep up smarty pants gummy with zinc

Recheck metal labs in 3 months: SQ

2083 - Ceruloplasmin [Serum Separator Tube] 9129 - Copper, Serum/Plasma [Navy, Heparin]

14154 - Zinc, Serum/Plasma [Navy, Heparin]99213 95

INST

Scott Jensen, MD Electronic Signature

ENCOUNTER

Tuesday, February 28, 2023 11:00AM

CC:

Follow up

HPL

Saw Dr Askari for toe walking - custom orthotic recommended with eval by PT Steve Tobler at Farnsworht

Ortho PT

ROS Soaks pull-up qhs

PFSH

Autism - mold induced (cardiotoxicity, neuropathy) - overpronation / toe walking (2023) - SAR - anxiety

Twin-brother: speech therapy / speech delay

Dad: HT

Lives with mom, dad, twin-brother

[Tobacco: Never smoker]

ΑII

No Known Allergies

Meds

1) inositol compounding powder, 1-2 grams of powder mixed in water 45 minutes prior to bed

2) pyridoxine 100 mg oral tablet, Take 1 tablet by mouth once daily

3) Zinc Picolinate Powder, liquid from pure encapsulations - 10 mg once daily with food

PE

Email with mom

AP

Contracture of joint of left ankle (M24.572):

Contracture of joint of right ankle (M24.571):

Acquired short right Achilles tendon (M67.01):

Abnormally decreased muscle contraction (M62.89):

#Toe-walking gait (R26.89):

ORDERED/ADVISED: Order Date 02-28-2023

- Physical Therapy (Eval and Treat) (Eval and treat tight achilles 2x/wkx 4 wk custom orthotics

Farnsworth PT Dr Steve Tobler) (M62.89, M67.01, M24.572, M24.571, R26.89)

The following text was added by S. Jensen, MD on Tuesday March 7, 2023 10:17 AM:

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Page 2 of 10

Labs:

Jessica Mann

9:33?AM (43 minutes ago)

to Josie, me

Good morning, Dr. Jensen.

- Please be on the lookout for a fax from Melany at DDD to sign Dylan's speech evaluation;
- 2. Please be on the lookout for Great Plains urinary mycotoxin testing. We sent samples about 2 weeks ago;
- 3. Just wanted to let you know I think the reason for Kenan's high copper is our copper cookware. I will be changing that out in addition to ordering the supplements. I suspect all of us have high levels, this being
- 4. Kenan is scheduled for orthotics fitting this Wed with podiatrist Dr. Askari and is going for an out of pocket/out of network PT evaluation on Friday with Steve Tobler at Farnsworth, as per Dr. Askari's recommendation.

Thank you.

Jessica Mann, L.Ac. Tempe Acupuncture Center 5005 S. Ash Avenue Suite 7 Tempe AZ 85282 480.455.9899 www.tempeacupuncturist.com99213 95

INST

Scott Jensen, MD Electronic Signature

ENCOUNTER

Friday, February 24: 2023 3:24PM

CC:

Over pronation

HPI

Labs showed high copper - quite high in fact - the total copper was 174 - the free copper was 60. Zinc was okay at 92. His other labs were all normal. The lab didn't get the right frozen specimen to run the whole blood histamine. Patient does struggle with anxiety. OT evaluation reviewed. Tends to get colds frequently and gets a lot of allergy symptoms.

ROS Soaks pull-up ghs

PFSH

Autism - mold induced (cardiotoxicity, neuropathy) - overpronation / toe walking (2023) - SAR - anxiety

Twin-brother: speech therapy / speech delay

Dad: HT

Lives with mom, dad, twin-brother

[Tobacco: Never smoker]

All

No Known Allergies

Meds

1) inositol compounding powder, 1-2 grams of powder mixed in water 45 minutes prior to bed

PΕ

Secure text with mom

ΑP

Disorder of copper metabolism (E83.00):

Methylenetetrahydrofolate reductase deficiency (E72.12): suggested by hx but test not done

Pyridoxine deficiency (E53.1): suspected with high Cu

#Zinc deficiency (E60): optimal 100 in this case

#Thrombocytosis (D47.3):

PRESCRIBE: Zinc Picolinate, liquid from pure encapsulations - 15 mg once daily with food, (buy this OTC.

I can send you a FullScript email) - the one I sent is 1/2 tsp once daily - take it with food

AmazingCharts.com

Page 3 of 10

The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above.

PRESCRIBE: pyridoxine 100 mg oral tablet, Take 1 tablet by mouth once daily, #90, RF: 1. (Transmitted by Scott Jensen, MD) CVS/pharmacy#9218 [1137 S Dobson Rd]- trying to get this through insurance - I sent it

Labs in May 2023 (Sonora Quest) - already sent to lab:

ICD-10 Diagnosis Code(s): E60, E83.00, E72.12

Profiles/Tests

906981 - Histamine, Whole Blood [Green Top, Sodium Heparin]

ICD 10 Diagnosis Code(s): E60, E83.00, E72.12

Profiles/Tests

2083 - Ceruloplasmin [Serum Separator Tube]

3000 - CBC w/ Differential, w/ Platelet [Lavender Top Tube]

9129 - Copper, Serum/Plasma [Navy, Heparin] 14154 - Zinc, Serum/Plasma [Navy, Heparin]

ORDERED/ADVISED: Order Date 02-24-2023 (faxed to Sonora Quest)

- Custom Order (Random urine pyrroles Senora Quest (Quest 437 ; CPT 84311)

ICD-10 E63.9 (nutritional deficiency, unspecified)

Collection Instructions

Collect urine in a clean container. Using an amber, plastic tube containing 500 mg of ascorbic acid (vitamin C), fill with urine, no less than 1/2 full and no more than 3/4 full. Mix and freeze. Ship frozen with a cold pack by overnight delivery. Do not thaw.

Transport Container

Amber (brown) urine container

) (E53.1, E60)

Review labs once back

The following text was added by S. Jensen, MD on Friday February 24, 2023 11:22 PM:

Lymph nodes:

KENAN MANN (2012-09-27, Chart # 23532) ((480) 455-9899)Sat, 02/25/23 5:16 AM UTC

Ok. Thank you. Can you please refer us to Phoenix Children's ENT & Otolaryngology 2045 S. Vineyard

Suite 137 Mesa, AZ 85210 ? I really appreciate your late response!

Scott JensenSat, 02/25/23 4:58 AM UTC

It would be good to have a peds ENT do an exam on him since I am not available to examine him in

person. But, there was nothing on the labs of concern.

KENAN MANN (2012-09-27, Chart # 23532) ((480) 455-9899)Sat, 02/25/23 4:53 AM UTC

Nodes? Anything reassuring would be great to hear.

KENAN MANN (2012-09-27, Chart # 23532) ((480) 455-9899)Sat, 02/25/23 4:52 AM UTC

I'm a little concerned ...he's had what I thought was a swollen lymph node on his left SCM that shrinks and grows. Figured it was mold needing to detox. Just now, we arrived in Vegas for the weekend and I noticed he has two lumps on the left SCM and one on the right SCM. He feels fine, no fever or anything but I'm worried. Is it likely swollen lymph

Scott JensenFri, 02/24/23 10:22 PM UTC

PRESCRIBE Zinc Picolinate, liquid from pure encapsulations - 15 mg once daily with food, (buy this OTC. I can send you a FullScript email) - the one I sent is 1/2 tsp once daily - take it with food

PRESCRIBE: pyridoxine 100 mg oral tablet, Take 1 tablet by mouth once daily, # 90, RF: 1. (Transmitted by Scott Jensen, MD) CVS/pharmacy#9218 [1137 S Dobson Rd]- trying to get this through insurance - I sent it

Labs in May 2023 (Sonora Quest) - already sent to lab:

ICD-10 Diagnosis Code(s): E60, E83,00, E72.12

Profiles/Tests

906981 - Histamine, Whole Blood [Green Top, Sodium Heparin]

ICD-10 Diagnosis Code(s): E60, E83.00, E72.12

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Page 4 of 10

Profiles/Tests

2083 - Ceruloplasmin [Serum Separator Tube]

3000 - CBC w/ Differential, w/ Platelet [Lavender Top Tube]

9129 - Copper, Serum/Plasma [Navy, Heparin] 14154 - Zinc, Serum/Plasma [Navy, Heparin]

ORDERED/ADVISED: Order Date 02-24-2023 (faxed to Sonora Quest)
- Custom Order (Random urine pyrroles Senora Quest (Quest 437; CPT 84311)
ICD 10 E63.9 (nutritional deficiency, unspecified)

Collection Instructions

Collect urine in a clean container. Using an amber, plastic tube containing 500 mg of ascorbic acid (vitamin C), fill with urine, no less than 1/2 full and no more than 3/4 full. Mix and freeze. Ship frozen with a cold pack by overnight delivery. Do not thaw.

Transport Container Amber (brown) urine container) (E53.1, E60)

Review labs once back

KENAN MANN (2012-09-27, Chart # 23532) ((480) 455-9899)Fri, 02/24/23 5:50 AM UTC

(Attachment sent with no message)

KENAN MANN (2012-09-27, Chart # 23532) ((480) 455-9899)Fri, 02/24/23 5:48 AM UTC

And maybe low mood at times. I'll send you his OT's sensory Eval that was just done. It says a lot. I'd also say he still tends to get colds frequently and has a lot of allergy type ax.

KENAN MANN (2012-09-27, Chart # 23532) ((480) 455-9899)Fri, 02/24/23 5:47 AM UTC

Thank you. I do think he struggles with a bit of anxiety

Scott JensenFri, 02/24/23 5:42 AM UTC

Hi- K also also showed high copper - quite high in fact - the total copper was 174 - the free copper was 60. Zinc was okay at 92. His other labs were all normal. The lab didn't get the right frozen specimen to run the whole blood histamine. We will have to get that one in the future. Let me know if he has any of the symptoms listed here. High copper is sometimes associated with anxiety, depression and autoimmunity. We should also consider checking him for urine pyrroles at some point. Quest has a test for that. Otherwise, I would continue his current supplements. Let me know if you have questions. Dr J 99214 95

INST

Scott Jensen, MD Electronic Signature

ENCOUNTER

Wednesday February 15, 2023 10:50AM

CC:

Over pronation

HPI

PT is suggesting orthotics - limited progress with toe walking and overpronation - podiatry would like to

confirm with cxam

ROS

Soaks pull-up qhs

PFSH

Autism - mold induced (cardiotoxicity, neuropathy) - overpronation / toe walking (2023)

Twin-brother: speech therapy / speech delay

Dad: HT

Lives with mom, dad, twin-brother

[Tobacco: Never smoker]

All

No Known Allergies

Meds PE 1) inositol compounding powder, 1-2 grams of powder mixed in water 45 minutes prior to bed

Email with mom

AmazingCharts.com

Page 5 of 10

(DOB: 2 ID: 23532) FORMAL HEALTH RECORD

Pronation of foot (M21.6X9): AP

Toe walking (R26.89):

ORDERED/ADVISED: Order Date 02-15-2023 - Custom Order (Comprehensive Integrated Care

Dr. Askari, Attention Brittaney, MA

Fax, 602-954-6843 phone, 602-954-0777

cicmedical.com) (M21.6X9, R26.89)

99213 95

INST

PFSH

Scott Jensen, MD Electronic Signature

ENCOUNTER

Wednesday, October 26, 2022 3:58PM

Welness CC:

Wellness - no c/o - urinary frequency problems - good sleeper but some difficulty falling asleep HPI

ROS

Soaks pull-up qhs Autism - mold induced (cardiotoxicity, neuropathy)

Twin-brother: speech therapy / speech delay

Dad: HT

Lives with mom, dad, twin-brother

[Tobacco: Never smoker]

No Known Allergies ΑII No Active Meds Meds

PΕ Wt: 72.6 lb Ht/Ln: 53 in BMI: 18.2 BMI %: 69.2

> WNWD NAD. Affect and behavior are normal and appropriate. Mucosa is pink and moist. Pharnx is normal. PERRLa. Normal retinal reflex and no lazy eye. TMs and canals are normal bilaterally with normal light reflex and no erythema. No cervical nodes. Chest CTA. Cor RRR without murmers. Abdomen is soft without masses. . Ext without c/c/e.

Routine infant or child health check (Z00.129): ΑP

Contact with and (suspected) exposure to mold (Z77.120):

Nocturnal enuresis (N39.44): # Overactive bladder (N32.81): Plan printed and provided to patient:

PRESCRIBE: inositol compounding powder, 1-2 grams of powder mixed in water 45 minutes prior to bed,

Other option: calm magnesium

ORDERED/ADVISED: Order Date 10-26-2022

- Custom Order (Urine mycotoxin test (Great Plains)) (Z77.120)

Follow up 1 year

Also option methylfolate with methylcobalamin99383 95

INST

Scott Jensen, MD Electronic Signature

ENCOUNTER

Wednesday, December 05, 2018 9:42AM

SICK (UPDOX) CC:

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Page 6 of 10

The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above.

, F (DOB: ID: 23532) FORMAL HEALTH RECORD

HPI Saw a chiro yesterday, pooped 6 times yesterday, MCS after starting school-immobilization, edema, liver

problems, heart palpitations, 3 focal seizures in the last 1 month. Pulled both kids from school and they

feel better. Going through "detox and when not pooping feels worse".

ROS pyr x11 - cu x 4 - um x 3 - om x

PFSH Autism

Twin-brother: speech therapy / speech delay

Dad: HT

Lives with mom, dad, twin-brother

[Tobacco: Never smoker]

All No Known Allergies

Meds 1) Vitamin D3 Liquid, 1 drop qd seeking health 2000 IU

2) Zinc Picolinate Powder, 15mg - not started yet

PE Pulse: 108 RR: 20 Temp: 97.8F Sat: 98 Pain: 0

WNWD NAD. Affect and behavior are normal and appropriate. Mucosa is pink and moist. Pharnx is normal. TMs and canals are normal bilaterally with normal light reflex and no erythema. No cervical nodes.

Chest CTA. Cor RRR without murmurs and normal PMI. Counseling 30 min

Gait difficulty (R26.9): with hx fall - brother same sx # Zino deficiency (E60): pending spectracel results

Blood copper abnormal (R79.0):

Methylenetetrahydrofolate reductase deficiency (E72.12):

Screening for thyroid disorders (Z13.29);

Screening for iron deficiency anemia (Z13.0):

Plan printed and provided to patient:

F/u if not better in 2-4 weeks.

ORDERED/ADVISED: - Complete Health Panel (CBC (wDiff), CMP,) ICD Codes (R79.0, R26.9, E72.12, Z13.29, E60)

- TSH (high sensitivity), Total T4, Free T4, Total T3, Free T3, Reverse T3, Antithyroglobulin Ab, TPO Ab ICD Codes (R79.0, R26.9, E72.12, Z13.29, E60)

- CRP, high sensitivity - 120766 ICD Codes (R79.0, R26.9, E72.12, Z13.29, E60)

ORDERED/ADVISED: - Vitamin B-12/Folate/Methylmalonic acid - 000810 ICD Codes (R79.0, R26.9, E72.12, Z13.0, Z13.29, E60)

- Vitamin D (25 hydroxyvitamin D) - 081950 ICD Codes (R79.0, R26.9, E72.12, Z13.0, Z13.29, E60)

- Iron Panel (ferritin, iron, iron saturation, TIBC) ICD Codes (R79.0, R26.9, E72.12, Z13.0, Z13.29, E60)

- Magnesium, RBC (Lab Corp 080283 - Senora Quest 11735) ICD Codes (R79.0, R26.9, E72.12, Z13.0, Z13.29, E60)

The following text was added by S. Jensen, MD on Thursday December 20, 2018 04:38 PM:

d/w Dr A:

pulmonary hypertension and R heart failure - cath pending99215

INST

AP

ZHANNA TARJEFT, NP Electronic Signature

ENCOUNTER

Thursday, October 18, 2018 2:00PM

CC: F/UP (UPDOX)

HPI Fo

Follow up been followed by orthopedics for trouble with gait sent to neuro PT no diagnosis yet not bearing weight - brother similar presentation - tripped over kid in floor on patella - ND feels cartilege deficiency - neuro peds c/s pending brother/pt - spectracel panel pending - trouble flexiing in hip - banner

AmazingCharts.com

Page 7 of 10

The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above.

ID: 23532) DOB: FORMAL HEALTH RECORD

PEDS ortho neg evlauation this far

pyr x11 - cu x 4 - um x 3 - om x ROS

PFSH Autism

Twin-brother: speech therapy / speech delay

Dad: HT

Lives with mom, dad, twin-brother

[Tobacco: Never smoker]

No Known Allergies ΑII

1) Vitamin D3 Liquid, 1 drop qd seeking health 2000 IU Meds

2) Zinc Picolinate Powder, 15mg - not started yet

PΕ Pulse: 99 RR: 20 Temp: 97.7F Sat: 96 Pain: 0

> WNWD NAD. Affect and behavior are normal and appropriate. Mucosa is pink and moist. Pharnx is normal. PERRLa. Normal retinal reflex and no lazy eye. TMs and canals are normal bilaterally with normal light reflex and no erythema. No cervical nodes. Chest CTA. Cor RRR without murmers. Abdomen is soft

without masses. Ext without c/c/e. AP

Gait difficulty (R26.9): with hx fall - brother same sx # Zinc deficiency (E60): pending spectracel results

Blood copper abnormal (R79.0):

Methylenetetrahydrofolate reductase deficiency (E72.12):

Plan printed and provided to patient:

ADDED Current Meds: Zinc Picolinate Powder, 15mg - not started yet, #0, RF: 0.

ADDED Current Meds: Vitamin D3 Liquid, 1 drop qd seeking health 2000 IU, # 0, RF: 0.

ORDERED/ADVISED. - Custom Order (peds neuro contact info needed (Max may have - doc to doc info needed)

spectracel results needed) ICD Codes (R79.0, R26.9, E72.12, E60)

99214

INST

Scott Jensen, MD Electronic Signature

Monday, January 08, 2018 2:28PM

ENCOUNTER

WCC

CC:

WCC - GAPS diet pt and brother x 1 8mo - Stage I - noticing passage of stool contents with "gallstones, HPI

parasites, yeast" - working with ND back east in Georgia as well - OT/PT - Speech pretty good

Saw DAN doc a few years ROS

Autism PFSH

Twin-brother: speech therapy / speech delay

Dad: HT

Lives with mom, dad, twin-brother

[Tobacco: Never smoker]

ΑII

No Known Allergies

Meds

No Active Meds

PE

AP

Wt: 16.9644 kg Ht/Ln: 39.1 in BMI: 17.2 BMI %: 54.2 Pulse: 106 RR: 22 Temp: 98.0F Sat:

96 Pain: 0

WNWD NAD. Affect and behavior are normal and appropriate. Mucosa is pink and moist. Pharnx is normal. PERRLa. Normal retinal reflex and no lazy eye. TMs and canals are normal bilaterally with normal light reflex and no erythema. No cervical nodes. Chest CTA. Cor RRR without murmers. Abdomen is soft

without masses. Ext without c/c/e. # Routine infant or child health check (Z00.129):

AmazingCharts.com

Page 8 of 10

, KI (DOB: ID: 23532) FORMAL HEALTH RECORD

Pervasive developmental disorder (F84.9): # Short stature (R62.52): declines workup # Distal muscle weakness (M62.81):

Plan printed and provided to patient:

Follow up 1 year

Continue GAPS diet

Continue naturopathic follow up

Vitamin D3 3500 IU./day (reduce risk of cancer and diabetes and improve muscle strength) with vitamin K2 (MK-7 is anti-aging fraction of K2 and improve bone health) - eliminate any calcium supplementation - see info on vitamin K2 (Chris Masterjohn PhD) online - also Weston A Price (see info - dentist) "X-factor vitamin" - make sure any pregnant women are taking these supplements (D - autism risk reduction; K2 braces/dental issues in kids) - we carry a supplement with both of these99393

INST

Scott Jensen, MD Electronic Signature

Wednesday, May 10, 2017 10:00AM

ENCOUNTER

Est Care/ WCC

CC: HPI

WCC - GAPS family x 1 yr - noticing passage of stool contents with "gallstones, parasites, yeast" - working

with ND back east in Georgia as well - mom was GBS pos (5 rounds abx when they were born) -

amalgums during pregnancy

ROS

Saw DAN doc a few years

PFSH

Autism

Twin-brother: speech therapy / speech delay

Dad: HT

Lives with mom, dad, twin-brother

[Tobacco: Never smoker]

ΑII

No Known Allergies

Meds

No Active Meds

PE

Wt: 33.2 lb Ht/Ln: 37.8 in BMI: 16.3 BMI %: 37.4 BP: 92/60 Pulse: 104 RR: 24 Temp:

98.0F Sat: 97 Pain: 0

WNWD NAD. Affect and behavior are normal and appropriate. Mucosa is pink and moist. Pharnx is normal. PERRLa. Normal retinal reflex and no lazy eye. TMs and canals are normal bilaterally with normal light reflex and no erythema. No cervical nodes. Chest CTA. Cor RRR without murmers. Abdomen is soft without masses. Ext without c/c/e.

AΡ

4.5 year examination normal (Z00.129): # Pervasive developmental disorder (F84.9): # Short stature (R02.52): declines workup

Distal muscle weakness (M62.81): Plan printed and provided to patient:

Follow up 1 year

Continue GAPS diet

Continue naturopathic follow up99382

INST

AmazingCharts.com

Page 9 of 10

FORMAL HEALTH RECORD

Scott Jensen, MD Electronic Signature

NAME VALUE NORMAL UNITS Flag Status Performed By

AmazingCharts.com

Page 10 of 10

PHOENIX CHILDREN'S HOSPITAL

LABORATORY SUMMARY REPORT

1919 E. THOMAS RD. PHOENIX, AZ 85016 (602) 546-1280

MR# : 7273570 ACCT#: 47075593

ACCT#: 4707559

Printed: 11/03/2018 20:01 ADMIT: 11/02/2018 NAME: K KI T AGE: DOB: LOC: ED

SHX : M ROOM :

DISCHARGED: 11/02/2018

PHYSICIAN: Physician, ED

DIAG: EXTREMITY LOWER COMPLAINT

HEMATOLOGY - COMPLETE BLOOD COUNT

DATE: TIME: LOC: FOOTNOTE:	11/02/18 1150 RD #1	Ref Range Units
WBC COUNT	9.3	4.0-12.0 K/uL
RBC COUNT	4.01	4.00-5.30 M/uL
HEMOGLOBIN	12.1	-
HEMATOCRIT	36.7	11.5-14.5 gm/dL 33.0-43.0 %
MCV	92 H	
MCH		76-90 fL
	30.2	25.0-31.0 pg
MCHC	33.0	31.0-37.0 %
RDW	14.7	11.0-15.0
PLATELETS	250	140-450 K/uL
MPV	8.9	7.5-11.5 fL
		1.3 11.3 11

#1 ALL TESTS = {R1}

BLOOD D	IFFERENTIAL	AND	MORPHOLOGY	
---------	-------------	-----	------------	--

DATE: TIME: LOC: FOOTNOTE:	11/02/18 1150 ED #1	Ref Range	Units
DIFFERENTIAL TYPE	AUTOMATED		
NEUTROPHILS	65	25-50	§.
LYMPHOCYTES	24	15-65	*
MONOCYTES	10	3-15	*
EOSINOPHILS	1	0-7	%
BASOPHILS	0	0 2	e e
ABSOLUTE NEUTROPHILS	6.0	1.0-6.0	K/uL
ABSOLUTE LYMPHOCYTES	2.2	0.6-7.8	K/uL
ABSOLUTE MONOCYTES	1.0	0.1-1.8	K/uL
ABSOLUTE EOSINOPHILS	0.1	0.0-0.9	K/uL
ABSOLUTE BASOPHILS	0.0	0.0-0.2	K/uL
NUCLEATED RED BLOOD CELLS	3 0	0	*

#1 ALL TESTS = {R1}

L=Low, H=High, CL=Critical Low, CH=Critical High, *=Abnormal

KAHRAMAN, KENAN T OUTPATIENT FINAL-MEDICAL RECORDS COPY CONTINUED

PAGE:1 OF 3
MEGAN K. DISHOP M.D., DIRECTOR

PHOENIX CHILDREN'S HOSPITAL 1919 B. THOMAS RD. PHOENIX, AZ 85016 (602) 546-1280 LABORATORY SUMMARY REPORT

MR# : ACCT#: NAME : K

, K T

REPORT DATE/TIME: 11/03/201820:01

		OWNER WINDS MOT OUR		
		OTHER HEMATOLOGY		
DATE:	11/02		Ref Range U	nite
Time:	1150		Kar Kanda o	47.00
LOC:	ED			
FOOTNOTE:	#1			
RBC SEDIMENTATION RATE	87 H		0-10 m	m/Hr
#1 ALL TESTS = {R1}				
		GENERAL CHEMISTRY		
DATE:	11/02/18		- 4	7 -4
TIME:	1150		Ref Range	Units
LOC:	ED			
FOOTNOTE:	#1			
SODIUM	132 L		134-143	mmol/L
POTASSIUM	3.7		3.6-5.2	mmol/L
CHLORIDE	99		98-108	mmol/L
CO2	21		17-31	mmol/L
ANION GAP	12		4-16	mmol/L
GLUCOSE	69		55-110	mg/dL
BUN	15		5-25	mg/dL
CREATININE	0.31		0.1-0.8	mg/dL
BUN/CREATININE RATIO	48 H		10-28	RATIO
TOTAL PROTEIN GM/DL	8.5 H		5.9-7.9	gm/dL
ALBUMIN	3.3 L		3.5-5.2	gm/dL
A/G	0.6 L		0.8-2.5	RATIO
GLOBULIN	5.2 H		1.4-4.6	gm/dL
CALCIUM	8.7		8.6-11.0	mg/dL
TOTAL BILIRUBIN	0.5		0.0-1.0	mg/dL
ALT	28 L		30-65	U/L
AST	28		15-37	U/L
ALKALINE PHOSPHATASE	107 L		146-333	U/L
CREATINE KINASE	42		4-88	U/L
#1 ALL TESTS = {R1}				
	PROTEINS	, IMMUNOLOGY AND TUMOR MARKER	s	
DATE:	11/02/18			
TIME:	1150		Ref Range U	nits
LOC:	ED		-	
	#1			
FOOTNOTE:	₩.			

<< FOOTNOTE CONTINUED ON NEXT PAGE >>

L=Low, H=High, CL=Critical Low, CH=Critical High, *=Abnormal

< 0.3

KAHRAMAN, KENAN T OUTPATIENT FINAL-MEDICAL RECORDS COPY

CRP

CONTINUED

PAGE: 2 OF 3 MEGAN K. DISHOP M.D., DIRECTOR

<0.9

mg/dL

1/6/2019

PHOENIX CHILDREN'S HOSPITAL

LABORATORY SUMMARY REPORT

1919 E. THOMAS RD. PHOENIX, AZ 85016

MR# : ACCT#:

(602) 546-1280

NAME : K

REPORT DATE/TIME: 11/03/201820:01

<< CONTINUED FROM PREVIOUS PAGE >> #1 ALL TESTS = {R1}

CANCELLED TESTS

11/02/18 1337 CANCELLED: VITAMIN C PLASMA

REASON:

(R1) PCH Main Clinical Lab, 1919 E. Thomas Rd., Phoenix, AZ 85016 (602) 933 1280

L=Low, H=High, CL=Critical Low, CH=Critical High, *=Abnormal

KAHRAMAN, KENAN T OUTPATIENT FINAL-MEDICAL RECORDS COPY END OF REPORT

PAGE:3 OF 3

MEGAN K. DISHOP M.D., DIRECTOR

3/1/2019

Gmail - Labs



Jessica Kahraman <jmkahraman@gmail.com>

Labs

1 message

Cindy Schneider <cschneider@center4autism.org> To: Jessica Kahraman <jmkahraman@gmail.com> Sun, Jan 6, 2019 at 11:07 PM

Hi Jessica,

Here is a brief summary of Kenan's labs:

Kenan's liver function has deteriorated dramatically. One liver enzyme was low and one was normal on admission. Both AST and ALT are alarmingly elevated now.

He is profoundly vitamin D deficient

He became anemic while in the hospital, likely from multiple blood draws

His sedimentation rate improved—this is a marker of inflammation

His monocyte count is elevated—this may indicate a viral infection

His B12 level is elevated.

His branched chain amino acids are elevated. This means he was not getting enough B6. The active form of B6 is P5P, which would be even better.

His MCV is elevated. This indicates a B12 and/or folate deficiency, so I'm guessing it's folate. They will think he needs folic acid, but 5MTHF would be far superior. Does he have an MTHFR mutation? He has no food allergies. This does not rule out sensitivities, which can still be significant.

As I thought, his mitochondrial tests are still very abnormal. This can occur with true mitochondrial disorders, malnutrition, illness, and/or toxic exposures.

Kenan needs a comprehensive mitochondrial workup and consultation with a metabolic specialist. Dr. Richard Frye, a neurologist at PCH, is an expert in this field. I can't think of anyone more qualified to investigate this possibility, and it is critical that they do. Mitochondrial disorders can present as heart disease.

1/6/2019

MyBanner - Results

Glick here — https://mybanner.iqhealth.com/pages/resources for additional Danner Resources. NOTICE: At this time, the MyForm section of the portal is not working due to continued maintanence. We apologize for the inconvenience.

MyBanner

Results

At Banner Health, we believe you should have access to your medical information in order to make informed medical decisions about your health with your physician.

By visiting this page, you are taking an important step as the most essential member of your health care team. The test results provided are not intended to replace but rather help guide the discussion between you and your health care provider. When accessing this information, please understand that the reports and test results are written for medical professionals so you may find some of the language or terms to be unfamiliar. We encourage you to speak with your health care provider if you have questions after accessing your test results.

If you're anticipating test results that you do not see in the Portal, please follow up with your provider.

Tucson patients: Lab results from your visits to Banner facilities after October 1, 2017 are displayed below. For lab results from visits prior to October 1, 2017, please click the "Medical Record Request" link at the bottom of the page.

If your Echocardiogram, EKG, POC Ultrasound, or Vascular Report document is blank, please contact your provider for the results.

KENAN KAHRAMAN

Filtered results

Date Range: 12/10/2018 - 01/06/2019

Document 232-25 Filed 02/26/25 Page 48 of 64 Case 2:22-cv-00375-SRB MyBanner - Results 1/6/2019 Height/Length Measured Learn more about this [소 > 96:5 cm Date: Dec 18, 2018 11:45 a.m. MST Weight (kg) Measured Learn more about this 18.665 kg Date: Jan 05, 2019 10:00 a.m. MST View all for this result BMI Learn more about this 🔁 19.31 Date: Dec 18, 2018 03:39 p.m. MST Comment Learn more about this 🖒 beige infant scale Date: Dec 23, 2018 11:00 a.m. MST

CBC

View all for this result

Report Status FINAL

Route 4000 Ordered by: Jensen Family Wellness 6682 Lower Ridge Dr Lakeside, AZ 85929



Scott Jensen, MD

Patient Information:

K , K

Account: ID/MR#: KAHRAMANKE12 Patient Lab ID: 0141888792 Collected: 02/22/2023 09:58 AM Received: 02/22/2023 06:49 PM Reported: 02/23/2023 11:56 AM

Order #: 799255017331 / NL85022771 DOB: Sex: M DOB: Age: 10Y-4M-26D Sex: M Fasting: Yes Patient Phone: 480-455-9899

ORDER COMMENTS

KAHRAMANKE12

DOCTOR HAS PATIENT AS KI

FASTING

TEST		RESULTS	REFERENCE RANGES	UNITS	PL	12 - D. W.
HEMATOLOGY						
CBC w/ Differential, w/	Platelet					
WBC		9.4	4.0 - 10.5	k/mm3		
RBC		4.96	4.20 - 5.60	m/mm3		
Hemoglobin		14.3	12.5 - 16.1	g/dL		
Hematocrit		44.0	36.0 - 47.0	%		
MCV		88.7	78.0 - 95.0	fL		
MCH		28.8	26.0 - 32.0	pg		
MCHC		32.5	31,0 - 37.0	g/dL		
Platelet Count		490 H	130 - 450	k/mm3		
RDW(sd)		38.9	38.0 - 19.0	fL		
RDW(cv)		12.0	11.0 - 15.0	%		
MPV		9.2	7.5 - 14.0	fL		
Segmented Neutrophils		60.3*	7.10	%		
Lymphocytes		27.9		%		
Monocytes		7.4		%		
Eosinophils		3.4		%		
Basophils		0.7		%		
Absolute Neutrophil		5.69	1.60 - 9.30	k/uL		
Absolute Lymphocyte		2.63	0.60 - 5.50	k/uL		
Absolute Monocyte		0.70	0.10 - 1.60	k/uL		
Absolute Eosinophil		0.32	0.00 - 0.70	k/uL		
Absolute Basophil		0.07	0.00 - 0.20	k/uL		
Immature Granulocytes		0.3	3.33	%		
Absolute Immature Grar	nulocytes	0.03	0.00 - 0.10	k/uL		
NRBC RE, Nucleated Red Percent	Blood Cell	0.0	0.0 - 1.0	%		
*Segmented Neutrophils:	Automated Diff					

CHEMISTRY

CRP

<3.0

≤4.9

mg/L

Significant decreases in C-reactive protein may be observed in patients treated with

carboxypenicillins.

Homocysteine

5.5

≤8.0

umol/L

KAHRAMAN, KENAN Order #: 799255017331 / NL85022771 -**FINAL Report**

L=Low, H=High, C=Critical Abnormal, CL=Critical Low, CH=Critical High, *=Comment

Distribution #: 602593514-31537471

ClobOS

Result Report

Produced by AutoDist On 02/23/2023 12:00 PM

All Rights Reserved

Report Status FINAL

Route 4000 Ordered by:

Jensen Family Wellness

6682 Lower Ridge Dr Lakeside, AZ 85929

Scott Jensen, MD



Patient Information:

K

Order #: 799255017331 / NL85022771

DOB: | Age: 10Y-4M-26D

Sex: M Fasting: Yes

Patient Phone: 480-455-9899

ID/MR#: KAHRAMANKE12 Patient Lab ID

09:58 AM 06:49 PM Collected: 02/22/2023 Received: 02/22/2023 Reported: 02/23/2023

*Glucose:

Glucose reference range reflects fasting state.

*eGFRcr CKD-EPI:

Calculation is not performed on patients less than 18 years.

*Globulin: *Albumin/Globulin Note: New reference range effective 1/23/2023 Note: New reference range effective 1/23/2023

Ratio:

TEST TOXICOLOGY RESULTS

REF RANGE/CUTOFF UNITS

Copper, Serum/Plasma

173

24 - 193

mcg/dL

This test was developed and its performance characteristics determined by Sonora Quest Laboratories. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Zinc, Serum/Plasma

25 - 148

mcg/dL

This test was developed and its performance characteristics determined by Sonora Quest Laboratories. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Tests Ordered: Ceruloplasmin; CRP; CBC w/ Differential, w/ Platelet; Homocysteine; Folate; TSH, High Sensitivity; Vitamin B12; T4 Free Non-Dialysis; Copper, Serum/Plasma; T3 Free Non-Dialysis; Zinc, Serum/Plasma; Comprehensive Metabolic Panel; Vitamin D, 25-Hydroxy, Total

Values Outside of Reference Range					
TEST	RESULTS	REFERENCE RANGES	UNITS		
Platelet Count	490 H	130 - 450	k/mm3		
Vitamin B12	1307 H	232 - 1245	pg/mL		
Ceruloplasmin	38 H	15 - 30	mg/dL		
Creatinine	0.46 L	0.50 - 0.90	mg/dL		
Protein, Total	8.4 H	6.3 - 8.0	g/dL		
Globulin	3.7 H	1.7 - 3.3	g/dL		

Values listed above may not include all results considered abnormal for this patient (e.g., text-only results, such as those for some pathology/cytology specimens, and results for analytes without established reference ranges will not appear). Always review the entire patient report and correlate all results with the patient's clinical condition.

Unless otherwise noted, testing performed by: Sonora Quest Laboratories, 424 S 56th St, Phoenix, AZ 85034 800.766.6721 End of Report

KAHRAMAN, KENAN Order #: 799255017331 / NL85022771 - FINAL Report

L=Low, H=High, C=Critical Abnormal, CL=Critical Low, CH=Critical High, *=Comment

Distribution #: 602593514-31537471

Report Status FINAL

Route 4000 Ordered by: Jensen Family Wellness 6682 Lower Ridge Dr Lakeside, AZ 85929

Scott Jensen, MD



Patient Information:

k Order #: 799255017332 / NL85022783

РΙ

DOB: Sex: M

Age: 10Y-4M-26D

Patient Phone: 480-455-9899

ORDER COMMENTS

KAHRAMANKE12

DOCTOR HAS PATIENT AS KENAN, MANN

FASTING

Account:

ID/MR#: Patient La

TEST

Collected: 02/22/2023 09:58 AM Received: 02/22/2023 08:25 PM Reported: 02/23/2023 06:48 AM

REFERENCE RANGES UNITS

CHEMISTRY

Histamine, Whole Blood

Cancelled

 ΔR

Incorrect specimen received. Please refer to the Reference Manual for specimen requirements.

Tests Ordered: Histamine, Whole Blood

Unless otherwise noted, testing performed by: Sonora Quest Laboratories, 424 S 56th St, Phoenix, AZ 85034 800.766.6721 Testing noted as AR performed by: ARUP Laboratories Inc, 500 Chipeta Way, Salt Lake City, UT 84108 801.583.2787

End of Report

KAHRAMAN, KENAN Order #: 799255017332 / NL85022783 -**FINAL Report**

L=Low, H=High, C=Critical Abnormal, CL=Critical Low, CH=Critical High, *=Comment

Distribution #: 602248039-31532726

ClobOS

Result Report

Produced by AutoDist On 02/23/2023 06:52 AM

All Rights Reserved



The Great Plains Laboratory, LLC



Requisition #:

1161800

Physician Name:

SCOTT JENSEN

Patient Name:

K 1) Date of Collection:

Feb 20, 2023

Date of Birth:

Gender:

Time of Collection:

Print Date:

Not Given

M

Mar 13, 2023

Specimen Id.:

1161800-2

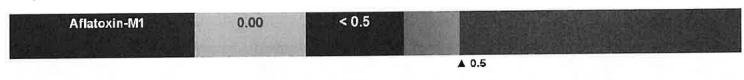
Mycotox Profile

Creatinine Value:

107.39 mg/dl

Abnormal Range Results Normal Range * Metabolite (ng/g creatinine)

Aspergillus





Gliotoxin	0.00	< 200	
			▲ 200

Penicillium

Sterigmatocystin	0.00	< 0.4	
			▲ 0.4
Mycophenolic Acid	0.00	< 37.4	

* The normal range was calculated using the median + 2 times the standard deviation

Testing performed by The Great Plains Laboratory, LLC., Overland Park, Kansas, The Great Plains Laboratory has developed and determined the performance characteristics of this test. The test has not been evaluated by the U.S. Food and Drug Administration. The FDA does not currently regulate such testing.



The Great Plains Laboratory, LLC



Requisition #:

1161800

Physician Name:

SCOTT JENSEN

Patlent Name:

Kε

Date of Collection:

Feb 20, 2023

Date of Birth:

Time of Collection:

Not Given

Gender:

Print Date:

Specimen Id.:

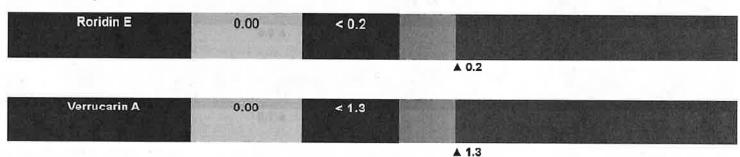
1161800-2

Mar 13, 2023

Mycotox Profile

Metabolite	Results (ng/g creatinine)	Normal Range *	Abnormal Range
	The second secon		والإوادة الدنباط والمستناب المستراب والمتال

Stachybotrys



Fusarium

Enniatin B	0,00	< 0.3	
			▲ 0.3
Zearalenone	0.00	< 3.2	

* The normal range was calculated using the median + 2 times the standard deviation

Testing performed by The Great Plains Laboratory, LLC., Overland Park, Kansas. The Great Plains Laboratory has developed and determined the performance characteristics of this test. The test has not been evaluated by the U.S. Food and Drug Administration. The FDA does not currently regulate such testing.



The Great Plains Laboratory, LLC



Requisition #:

1161800

Physician Name:

SCOTT JENSEN

Patient Name:

Kε

M

Date of Collection: Time of Collection:

Print Date:

Feb 20, 2023

Date of Birth:

Specimen Id.:

Gender:

1161800-2

Not Given

Mar 13, 2023

Chaetomium globosum

Chaetoglobosin A	0.00	< 10		
2 .50 (Tap la 11 July 1		THE PARTY OF THE P	A 10	

Multiple Mold Species

Citrinin (Dihydrocitrinone DHC)	< 25.00	< 25		
			A 2	5

Ochratoxin:Ochratoxin A (OTA) is a nephrotoxic, immunotoxic, and carcinogenic mycotoxin. This chemical is produced by molds in the Aspergillus and Penicillium families. Exposure is done primarily through water damaged buildings. Minimal exposure can occur through contaminated foods such as cereals, grape juices, dairy, spices, wine, dried vine fruit, and coffee. Exposure to OTA can also come from Inhalation exposure in water-damaged buildings. OTA can lead to kidney disease and adverse neurological effects. Studies have shown that OTA can lead to significant oxidative damage to multiple brain regions and is highly nephrotoxic. Dopamine levels in the brain of mice have been shown to be decreased after exposure to OTA. Some studies have hypothesized that OTA may contribute to the development of neurodegenerative diseases such as Alzheimer's and Parkinson's. Treatment should be aimed at removing the source of exposure. Agents such as oral cholestyramine, charcoal, and phenylalanine can help prevent the absorption of these toxins from food. Antioxidants such as vitamins Λ , E, C, NAC, rosmarinic acid, and liposomal glutathione alone or in combination have been shown to mitigate the oxidative effects of the toxin. Bentonite or zeolite clay is reported to reduce the absorption of multiple mycotoxins found in food, including OTA. Studies have also shown that OTA is present in sweat, which supports the use of sauna as a treatment to increase the excretion of OTA. Retesting is recommended after 3-6 months of treatment.

(PMID 17195275, 16293235, 27521635, 22069626, 24792326, 22253638, 16140385, 2467220, 16844142, 19148691, 22069658, 16019795, 18286403, 15781206, 11439224, 17092826, 32710148)

Testing performed by The Great Plains Laboratory, LLC., Overland Park, Kansas. The Great Plains Laboratory has developed and determined the performance characteristics of this test. The test has not been evaluated by the U.S. Food and Drug Administration. The FDA does not currently regulate such testing.



К , к

Маю, иов:

MRN: 727-35-70, Visit: 41182836, 10/08/2018

Bowman, Eric - Orthopedic Surgery

Ortho General Sports Injury Template

Initial Visit

- Follow Up Visit

Referred to me for consultation

Primary Care Physician/Referring Physician

PCP

Referring Physician

Jensen, Scott, MD (Family Practice)

Jensen, Scott, MD (Family Practice)

Chief Complaint-Reason for Visit NP RT KNEE PAIN, FELL AT SCHOOL 10-4-18

History of Present Illness

Patient is here today for evaluation for right knee pain that he sustained after 2 falls at school last week. Morn reports that Thursday last week he tripped and landed on his right knee, and seemed to be doing okay with that, but then on Friday tripped over kid lying on the ground and reports that he refused to walk after that. She does have some mild swelling present as well as some bruising. He is not wanting to use the knee as much. She reports that he is definitely doing better today and reports having less pain. Mom is overly concerned that the symptoms that he is brother are having could be related to the chemicals associated with school. His brother is currently being seen by neuro physical therapy and they are concerned about weakness that he has and a recommending that he be evaluated by neurology as soon as possible.

Questionnaire reviewed and signed and scanned into the chart

Reviewed and signed past medical, family, and social history and review of systems on the Initial

History Questionnaire dated:

10/8/2018

Home Medications:

Drug

Instructions

No Current Medications

Allergies

No Known Allergies

Vital Signs

Page 1 of 3



K Male, DOB: (

MRN: 727-35-70, Visit: 41182836, 10/08/2018

Bowman, Eric - Orthopedic Surgery

Body Measurements:

Weight	Ideal body Wt	Height	BMI
17.3 kg	wt is % of IBW which is kg	cm	bmi
%ile	percent body fat is	%ile	%ile
(=38.14 lbs	y	0.0 in	BSA

Physical Exam

Normal Exam

General Appearance: General appearance normal:no apparent distress; cooperative;

Cardiovascular Exam: cap. refill less than 3 sec;

Neurological Exam: neurovascular function intact; awake, alert, and oriented;

Skin Exam: skin is intact except as noted;

pain level 0/10 no pain PainScore:expressed Wong/Baker Faces PainScale;

Sports Injury Specific

gright knee injury; gleft knee exam normal;

Right Knee

Inspection: bruising on right knee; no swelling of right knee;

Palpation (tenderness): no tibial tubercle pain on right; no patella tendon pain on right; no medial joint line pain right knee;

no lateral joint line pain right knee; no MCL pain right knee; no LCL pain right knee;

no tenderness on palpation of medial patellar facet of right knee; no tenderness on palpation of lateral patellar facet of right knee; no tenderness on palpation of anterior aspect of right knee;

Strength: extension strength of right knee normal 5 ; flexion strength of right knee normal 5

ROM: full range of motion of right knee;

Gait: antalgic gait on right;

Special Test: Varus Stress test of right knee is negative; Valgus Stress test of right knee negative;

no anterior drawer sign of right knee; no posterior drawer sign of right knee; McMurray test of right knee negative;

Lachman test of right knee negative; patella femoral grinding test of right knee negative;

Additional physical findings

Mild limp noted be with right knee and patient reporting that his knee now hurts.

Page 2 of 3



Male, DOB:

MRN: 727-35-70, Visit: 41182836, 10/08/2018

Bowman, Eric - Orthopedic Surgery

Imaging Discussions

I personally reviewed the 4 knee view knee x-rays obtained in clinic today that showed no bony abnormalities.

Assessment:

Problems	Onset	Туре
Pain in right knee _M25.561		Acute Issue
Contusion of right knee, initial encounter_S80.01XA	2018-10-08	Acute Issue

Orders and Prescriptions

New Orders Entered in SCM

DR Knee 3 View RT | Appt Request Orthopedics Outpatient - To be done: 2 weeks

End of Visit - Explanation of Plan:

Health Issue discussed today / Goals / Additional instructions:

Ţ I have provided specific education related to the issues discussed during today's visit

Today we discussed that he needs appears to have more of a contusion of his right knee from where he fell. I would recommend icing at least 2 times per day if able. I would also recommend working on leg extension and helping him to straighten the leg out. I would like to see him back in about a week and half to 2 weeks to check on his status overall, however, if he is doing significantly better, please feel free to cancel that appointment head time. You can return to clinic sooner as needed.

Coding: Physician Services

Save body

Author Saved Sections authored Bowman, Eric (DO) Final 10/8/2018 2:33 pm Additional Physical Freelext, Coding, ExamSection, HPISection, ImagingDiscussionSection, OrthoGeneralSportsInjuryTemplateChapter. QuesticnnaireReviewedGroup, SportsSpecificExamChapter, VitalSignsSection. Explanation OIP lan Group

Electronically signed by Bowman, Eric (DO) on 10/8/2018 at 2:33pm

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Thu 18 Oct 2018 08:24:10 PM UTC

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Advanced Neurologic Rehabilitation

1447 W Elliot Rd Ste 101 Gilbert, AZ 85233-5166 Phone: (480)699-4845 Гах: (480)699-5085

Physical Therapy Initial Examination



Page 58 of 64

Patient Name: Ka Date of Birth:

Referring Physician(s): Jensen, Scott MD

Time In/Out: 9:30 am/10:15 am

Treatment Diagnosis: ICD10: Z91.81: History of falling

R26.9: Unspecified abnormalities of gait and mobility, R53.1:

Insurance Name: Cigna-American Specialty Health

Date of Initial Examination: 10/17/2018

Injury/Onset/Change of Status Date: 10/05/2018 Diagnosis: ICD10: M25.561: Pain in right knee

Visits from SOC: 1

Subjective

Treatment Side: Right

History of Present Condition/Mechanism of Injury: Patient is a 6 year old male. 6-8 weeks ago patient started to complain of some knee "wobbliness" and knee pain about when his brother started to experience similar symptoms. Patient had a fall 1.5 weeks ago at school onto his right knee and was limping a bit at night but then fell again by tripping over another student the following day. Patient was unable to bear weight through the knee initially, complaining of pain and this has persisted with only minimal weight bearing in standing but no walking. Orthopedic physician assessed knee and felt he may have a bruise on his distal femur. X-rays are normal. Mom is concerned about a posterior knee injury and patient to see the orthopedic physician again on Monday. Pt is concerned about standing due to fears of pain.

Primary Concern/Chief Complaint: Weakness, pain, poor balance, gross and fine motor control, toe walking, calf cramps and mobility deficits. Needs help getting into and out of bed/car, standing up, walking, dressing, bathing

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Mobility: Walking & Moving Around: Mild toe walking, has been tripping more at school but may be due to increased tripping hazards in the kinder classroom

Current Functional Limitations:

Mobility: Walking & Moving Around: Walking: Not walking currently due to pain - Antalgic gait pattern, decreased WB through RT leg

Pain Location: Right knee, bilateral calves Pain Scale: Worst: Best: Current:

Pain Follow-up Plan: WONG BAKER FACES: 4 (with walking)

Aggravating Factors: Standing, Walking Informant Providing History: Mother

Social History:

Social History: Lives with Family; (Twin brother and parents)

Home Layout: 2-story Home Health Care: No Premature Birth: No Any Complications: No Child in NICU: No

Some difficulty maintaining temperature and blood sugar initial 24hrs, some cord restraint but no hypoxia

Special Precautions: Food Allergy, Natural cleaning products only

Medical History: Autism and developmental delay (speech and cognitive at 22 mos)

Complicating/Personal Factors: Patient age

Medical History Review: The patient has a history of present problem without any personal factors and/or comorbiditles that

impact the plan of care.

Mental Status/Cognitive Function Appears Impaired? No

School Attending: Basis Chandler Primary North

Grade Level: Kindergarten

Patlent Consent

Patient/Parent/Guardian Consent

Yes

Family Understands Diagnosis

Outcome Measurement Tools

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Advanced Neurologic Rehabilitation

1447 W Elliot Rd Ste 101 Gilbert, AZ 85233-5166 Phone: (480)699-4845 Fax: (480)699-5085 Physical Therapy Initial Examination Patient Name: 1

Document Date: 10/17/2018

Pain

Wong-Baker FACES Pain Rating Scale

Pain Follow-up Plan

Continue to monitor, patient to see doctor next week

Observation

Gait

Antalgic

Pain in right knee

Muscular Asymmetries Mild guarding and weakness around right knee compared to left

Development Skills

Rolls Belly to Back Rolls Back to Belly

Sits Alone

Moves From Lying to Sitting

Pulls to Stand

Stands Alone Decreased weight bearing on the right LE

Walks Alone Ty

Typically he walks unassisted but today he began to cry after 3 steps due to pain in

Left

WFL

WFL

WFL

WFL

WFL

WFL

Left

WFL

WFL

Left

WFL

WFL

right knee

Muscle Tone

WNL

Range of Motion

HIP PROM Right
Flexion WFL
Extension WFL
Abduction WFL
Adduction WFL
Internal Rotation WFL
External Rotation WFL

Knee AROM Right
Flexion WFL
Extension WFL

Knee PROM Right
Flexion WFL

WFL

Right

WFL

WFL

WFL

Extension Strength

Comments Patient has normal strength in the left lower extremity at hip, knee and ankle.

Strength at the RLE is normal at the hip and ankle but weakness and guarding is noted at hamstring and

quadriceps

Special Tests

Comments Babinski negative bilaterally

Catch and release bilateral ankle plantarflexors

Anterior Drawer Test (-)

Marca.

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Advanced Neurologic Rehabilitation 1447 W Elliot Rd Ste 101

Gilbert, AZ 85233-5166 Phone: (480)699-4845 Fax: (480)699-5085

Physical Therapy Initial Examination

Patient Name: K K Date of Birth: Document Date: 10/17/2018

the first term of the control of the second of the

Posterior Drawer Test (-) Valgus and Varus stress test (-)

Palpation

Comments

No obvious tenderness to palpation on the right knee structures but observed mild edema in the knee compared to left

Assessment

Assessment/Diagnosis: Patient is a 6 year old male. 6-8 weeks ago patient started to complain of some knee "wobbliness" and knee pain about when his brother started to experience similar symptoms. Patient had a fall 1.5 weeks ago at school onto his right knee and was limping a bit at night but then fell again by tripping over another student the following day. Patient was unable to bear weight through the knee initially, complaining of pain and this has persisted with only minimal weight bearing in standing but no walking. Orthopedic physician assessed knee and felt he may have a bruise on his distal femur. X-rays are normal. Mom is concerned about a posterior knee injury and patient to see the orthopedic physician again on Monday. Pt is concerned about standing due to lears of pain.

AND A TOTAL PRODUCT OF WATER WITH THE TOTAL PRODUCT AND A SPECIAL PRODUCT OF THE

Physical exam revealed normal passive range of motion but some guarding to mobilization of the right knee. Mild edema is noted in the right knee compared to left. No TTP was elicited around the knee. Formal MMT's were not performed but patient presented with mild weakness in the right hamstrings and quads with hesitance to perform a strong contraction of those muscles but reported no pain in the knee with MMTs. Ligamentous testing was negative on the right knee and patient did not express any discomfort during testing. Patient was willing to stand 6 times for about 5 seconds each time with reduced weight bearing on the right side but when asked to take a few steps immediately demonstrated an antalgic gait pattern while maintaining a flexed right knee and began to cry after 3 steps. He selected a 2 (Hurts a little more) on the Wong Baker FACES pain rating scale but verbally stated it "hurts a lot". He recovered quickly, however, after sitting with his mom. Patient attempted standing with the lofstrand crutches but was not comfortable balancing with them

At this time patient's presentation appears consistent with an intra-articular or distal bone injury at the knee with minimal pain and guarding with PROM and muscle contraction in a non-weightbearing position and increase in pain in a weight bearing position. Parent was recommended to follow up with the orthopedist on Monday and until then to allow Kenan to self-direct his activities in terms of movement and weight bearing based on his levels of symptoms. Skilled physical therapy is recommended to assist in reducing patient's pain and facilitating return to normal activity within the timeline of injury healing.

Patient Clinical Presentation: The clinical presentation is stable and/or uncomplicated.

Primary Functional Limitation:

Mobility: Walking & Moving Around

Current Status:

G8978: CK, At least 40% but < 60% impaired, limited or restricted G8979: CI, At least 1% but < 20% impaired, limited or restricted

Prolected Goal Status: Severity % Rationale: Severity modifier selections based on the Wong-Baker FACES Pain Rating Scale scoring, objective findings and co-morbidity assessment.

Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of

Parent/Patient Education: Discussed plan of care

Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- Limitations with Mobility: Walking & Moving Around
- Right knee pain and guarding
- Mild weakness around right knee
- Reduced standing and walking tolerance
- Fleduced participation in age appropriate physical activities

Short Term Goals:

- 1: (4 Weeks) | Patient will report no more than a 1 on the Wong Baker Faces scale when walking 15 feet across a room
- 2: (3 Weeks) | Patient will stand to perform all ADLs such as dressing, brushing teeth and washing hands
- 3: (3 Weeks) | Patient will walk a distance of 10 feet at least 10x per day in the home or classroom

Long Term Goals:

- 1: (6 Weeks) | At least 1% but less than 20% impaired, limited or restricted with Mobility: Walking & Moving Around
- 2: (4 Wooks) | Patient will demonstrate symmetrical strength in the quadriceps and hamstring muscles when tested against resistance to facilitate return to normal activities

Say te,

Case 2:22-cv-00375-SRB

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Advanced Neurologic Rehabilitation

1447 W Elliot Rd Ste 101 Gilbert, AZ 85233-5166 Phone: (480)699-4845 Гах: (480)099-5085

Physical Therapy Initial Examination

Patlent Name: K Date of Birth:

Document Date: 10/17/2018

3: (4 Weeks) | Patient will resume normal walking in the home, community and school with minimal pain

4: (6 Weeks) | Patient will perform running without complaints of symptoms 30'

Frequency: 1-2x per week

Duration: 6 weeks

Plan: Begin Plan as Outlined Treatment to be provided:

Procedures

Therapeutic Exercises, Therapeutic Activity, Gait Training, Neuromuscular Rehabilitation, Manual Therapy, Patient Education

Cryotherapy

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this Please sign and return: Fax#: (480)699-5085 plan of care, please contact me at (480)699-4845.

> I certify the need for these services furnished under this plan of treatment and while under my care.

have no revisions to the plan Revise the plan of care as to

Nicole McCants, PT, DPT

License #11151

Electronically Signed by Nicole McCants, PT, DPT on October 18, 2018 at 7:12

Ricole & Milants, PT. D

Physician Signature

ensen dole

Parvaged by MASOPT

KAHRAMAN 002896

From HylaFAX Enterprise

Wed 30 Jan 2019 01:51:31 AM UTC

Page 2 of 2

Advanced Neurologic Rehabilitation 1447 W Elliot Rd Ste 101 Gilbert, AZ 85233-5166 Phone: (480)699-4845 Fax: (480)699-5085

Discharge Note



Patient Name: K

, K

Date of Birth:

Physician Name: S. Jensen, MD

Date of Last Eval: 10/17/2018

Treatment Diagnosis: ICD10: Z91.81: History of falling, R26.9: Unspecified abnormalities of gait and mobility, R53.1:

Weakness

Date of Discharge Note: 01/29/2019

Injury/Onset Date: 10/05/2018

Diagnosis: ICD10: M25.561: Pain in right knee, M25.562: Pain

in left knee Visit No.: 8

Kahraman, Kenan has been discharged from our care for the following reasons:

patient hospitalized in late December, per parent report. Pt currently under the custody of Children's and Family Services and per their report patient has been placed in a foster home that is too far away from ANR to continue tx. No discharge testing is available. Thank you for the referral.

Please see the last progress report or notes above for the patient's most recent status. Thank you for the opportunity to assist you in the rehabilitation of this patient. If you have any questions or concerns, please feel free to contact me at (480)699-4845.

I certify the need for these services furnished under this plan of treatment and while under my care.

I have no revisions to the plan of care

Revise the plan of care as follows

Ricole & Milants, PT, DPT Nicole McCants, PT, DPT

License #11151

Document created on January 29, 2019 3:46 pm

Physician Signature

Date: | | 30 | 19

S. Jensen, MD

Carolina By MANPT

OT EVALUATION RESULTS FROM STANDARDIZED TESTING

Child: K

DOB/Age:

Therapist: Lauren Janke, OTD, OTR/L

Kenan was evaluated to specify sensory challenges as well as visual motor abilities to guide plan of care. I have been seeing Kenan for 10 months for weekly sessions to address delays in life skills, sensory processing, and motor planning.

STANDARDIZED TESTS:

Visual-Motor Integration Skills: Visual motor skills refer to the coordination of visual, perceptual, and motor abilities for task performance. This test consists of three parts: (1) Visual-Motor Integration requires the student to copy a sequence of geometric forms with paper and pencil. The purpose of the test is to assess the extent to which the student can integrate visual and motor abilities. (2) Visual Perception – requires the student to choose the shape from a list of options that matches the example in both size and form. This test requires both visual acuity and visual perception, especially the ability to deal with figure-ground distractions. (3) Motor Coordination – requires the student to draw lines to form various shapes, while staying within the given outline.

Kenan's scores were as follows:

Developmental Test of Visual Motor Integration (VMI)			
	Standard Score	Percentile	Age Equivalent
Visual Motor Integration	96	39	9.7
Visual Perception	110	75	12.8
Motor Coordination	89	23	8.8

Standard scores between 85 and 115 are considered within the average range with 100 being in the middle. Percentiles between 16-84 are considered average, with 50 being in the middle. Scores below a standard score of 77 are considered -1.5 standard deviations below the mean and are considered delayed.

There are no delays or concerns for Kenan regarding VMI currently. His motor coordination score is nearing the boarder, but it seemed more to me that he was rushing during that portion because it was more difficult, and maybe not as interesting to him. He said the thought the hardest part was the Visual Perception but that clearly is his highest score, and he was the most focused during that portion.

Sensory Profile

Sensory-Motor Integration Skills: Kenan's mother completed the Sensory Profile Child is a standardized assessment that measures a student's sensory processing abilities. Sensory Processing refers to the way an individual's brain registers, modulates, and uses incoming sensory information for appropriate use. Adequate organization of sensory information is needed to adapt to, deal with, or respond adequately to environmental demands.

The Sensory Profile-2	School	Companion			
Quadrant	Much Less than Others -2 SD	Less Than Others -1 SD	Just Like the Majority of Others	More than Others +1 SD	Much More Than Others +2 SD
Seeking/Seeker					Х
Avoiding/Avoider				X	
Sensitivity/Sensor				X	
Registration/Bystander				X	
Sensory Sections	Much Less than Others -2 SD	Less Than Others -1 SD	Just Like the Majority of Others	More than Others +1 SD	Much More Than Others +2 SD
Auditory			X		
Visual				X	
Touch				X	
Movement				X	
Body Position					X
Oral					X
Behavioral Section	Much Less than Others -2 SD	Less Than Others -1 SD	Just Like the Majority of Others	More than Others +1 SD	Much More Than Others +2 SD
Conduct				X	
Social Emotional				X	
Attentional					X

Kenan's teacher also completed a similar form but had vastly differing answers. According to her questionnaire he scores in "Just like the majority of others" in all categories except for Auditory processing which he only scores in "more than others".

The Quadrant Summary indicates how a child's body processes sensory information and how their threshold for neurological input relates. Kenan scored "More than Others" in 3/4 areas (avoiding, sensitivity, and registration) and "Much More than Others" in Seeking. This indicates that he is processing information different than his peers.

His score in Seeking indicates that Kenan craves sensory input and may not be receiving enough throughout the day. Examples of this are, getting out of his seat often/wondering, watching everyone around the room, jumping between activities, touching others and objects often, and fidgeting to the point of distraction.